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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/819,351	03/28/2001	Katsumi Watanabe	14445	3348

23389 7590 08/12/2005

SCULLY SCOTT MURPHY & PRESSER, PC
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SUITE 300
GARDEN CITY, NY 11530

EXAMINER

STEELMAN, MARY J

ART UNIT	PAPER NUMBER
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2191

DATE MAILED: 08/12/2005

Please find below and/or attached an Office communication concerning this application or proceeding.

Interview Summary	Application No.	Applicant(s)	
	09/819,351	WATANABE, KATSUMI	
	Examiner	Art Unit	
	Mary J. Steelman	2191	

All participants (applicant, applicant's representative, PTO personnel):

- (1) Mary J. Steelman. (3) Dominick Tuccio, Applicant's Representative.
 (2) Seth Weinfeld, Reg. No. 50,929. (4) _____.

Date of Interview: 04 August 2005.

Type: a) ☒ Telephonic b) ☐ Video Conference
 c) ☐ Personal [copy given to: 1) ☐ applicant 2) ☐ applicant's representative]

Exhibit shown or demonstration conducted: d) ☐ Yes e) ☐ No.
 If Yes, brief description: _____.

Claim(s) discussed: 6.

Identification of prior art discussed: N/A.


Agreement with respect to the claims f) ☐ was reached. g) ☒ was not reached. h) ☐ N/A.

Substance of Interview including description of the general nature of what was agreed to if an agreement was reached, or any other comments: Examiner initiated interview to clarify limitations of claim 6 in comparison to claim 1.

(A fuller description, if necessary, and a copy of the amendments which the examiner agreed would render the claims allowable, if available, must be attached. Also, where no copy of the amendments that would render the claims allowable is available, a summary thereof must be attached.)

THE FORMAL WRITTEN REPLY TO THE LAST OFFICE ACTION MUST INCLUDE THE SUBSTANCE OF THE INTERVIEW. (See MPEP Section 713.04). If a reply to the last Office action has already been filed, APPLICANT IS GIVEN ONE MONTH FROM THIS INTERVIEW DATE, OR THE MAILING DATE OF THIS INTERVIEW SUMMARY FORM, WHICHEVER IS LATER, TO FILE A STATEMENT OF THE SUBSTANCE OF THE INTERVIEW. See Summary of Record of Interview requirements on reverse side or on attached sheet.

Examiner Note: You must sign this form unless it is an Attachment to a signed Office action.


 Examiner's signature, if required

RD